

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 15, 2007 8:00 am**  
**Secretary of State**

02-15-2007 90044 006 \*\*\*150.00

**DOCUMENT # F03000002965**

1. Entity Name  
**DOVER DIVERSIFIED, INC.**



Principal Place of Business  
**2607 NORTH GRANDVIEW BLVD., SUITE 105  
WAUKESHA, WI 53188**

Mailing Address  
**2607 NORTH GRANDVIEW BLVD., SUITE 105  
WAUKESHA, WI 53188**

**40017971**



2. Principal Place of Business - No P.O. Box #  
**1100 W. 31<sup>st</sup> Street**

3. Mailing Address  
**1100 W. 31<sup>st</sup> Street**

Suite, Apt. #, etc.  
**Highland Oaks I, Suite 220**

Suite, Apt. #, etc.  
**Highland Oaks I, Suite 220**

City & State  
**Downers Grove, IL**

City & State  
**Downers Grove, IL**

Zip  
**60515**

Country

Zip  
**60515**

Country

01242007

Chg-P

CR2E034 (12/06)

4. FEI Number  
**39-1766586**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

## 6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525**

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

## 10. OFFICERS AND DIRECTORS

|                |                                       |  |
|----------------|---------------------------------------|--|
| TITLE          | D                                     | <input checked="" type="checkbox"/> Delete |
| NAME           | YOCHUM, JERRY                         |  |
| STREET ADDRESS | 2607 NORTH GRANDVIEW BLVD SUITE 105   |  |
| CITY-ST-ZIP    | WAUKESHA, WI 53188                    |  |
| TITLE          | PD                                    | <input type="checkbox"/> Delete            |
| NAME           | SPURGEON, WILLIAM                     |  |
| STREET ADDRESS | 2607 NORTH GRANDVIEW BLVD., SUITE 105 |  |
| CITY-ST-ZIP    | WAUKESHA, WI 53188                    |  |
| TITLE          | CD                                    | <input type="checkbox"/> Delete            |
| NAME           | HOFFMAN, RONALD                       |  |
| STREET ADDRESS | 280 PARK AVENUE, FLR 34-W             |  |
| CITY-ST-ZIP    | NEW YORK, NY 100171292                |  |
| TITLE          | VS                                    | <input type="checkbox"/> Delete            |
| NAME           | MOYLE, JAMES                          |  |
| STREET ADDRESS | 2607 NORTH GRANDVIEW BLVD., SUITE 105 |  |
| CITY-ST-ZIP    | WAUKESHA, WI 53188                    |  |
| TITLE          | D                                     | <input checked="" type="checkbox"/> Delete |
| NAME           | REECE, THOMAS                         |  |
| STREET ADDRESS | 280 PARK AVENUE, FLR 34-W             |  |
| CITY-ST-ZIP    | NEW YORK, NY 100171292                |  |
| TITLE          | D                                     | <input checked="" type="checkbox"/> Delete |
| NAME           | PRONK, CORNELIS                       |  |
| STREET ADDRESS | 2607 NORTH GRANDVIEW BLVD., SUITE 105 |  |
| CITY-ST-ZIP    | WAUKESHA, WI 53188                    |  |

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |  |  |
|----------------|--|--|
| TITLE          | D  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Pomeroy, John                              |  |
| STREET ADDRESS | 1100 W. 31 <sup>st</sup> Street, Suite 220 |  |
| CITY-ST-ZIP    | Downers Grove, IL 60515                    |  |
| TITLE          | PD   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | Spurgeon, William                          |  |
| STREET ADDRESS | 1100 W. 31 <sup>st</sup> Street, Suite 220 |  |
| CITY-ST-ZIP    | Downers Grove, IL 60515                    |  |
| TITLE          | D  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Tyre, Robert                               |  |
| STREET ADDRESS | 1100 W. 31 <sup>st</sup> Street, Suite 220 |  |
| CITY-ST-ZIP    | Downers Grove, IL 60515                    |  |
| TITLE          | VS   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | Moyle, James                               |  |
| STREET ADDRESS | 1100 W. 31 <sup>st</sup> Street, Suite 220 |  |
| CITY-ST-ZIP    | Downers Grove, IL 60515                    |  |
| TITLE          | D  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Sandker Timothy                            |  |
| STREET ADDRESS | 1100 W. 31 <sup>st</sup> Street, Suite 220 |  |
| CITY-ST-ZIP    | Downers Grove, IL 60515                    |  |
| TITLE          | D  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Stabbs, Michael                            |  |
| STREET ADDRESS | 1100 W. 31 <sup>st</sup> Street, Suite 220 |  |
| CITY-ST-ZIP    | Downers Grove, IL 60515                    |  |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*James H. Moyle*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/25/07*  
Date

*630-725-9347*  
Daytime Phone #